COMPANY NAME: **District Contract Services**

COMPANY REPRESENTATIVE: Jennifer Cullen

Authorization Agreement for Automatic Deposits

Recipient Information

Your Name _____
(As it appears on your account)

Address _____ Soc. Security # _____

City _____ State _____ Zip _____

Financial Institution Information

Financial Institution Name _____

Routing Number _____ Account #_____

Branch Address _____ Account is a ___Checking ___ Savings

Bank Telephone # ( ) _____ -_____

Authorization

I hereby authorize **District Contract Services** to deposit into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authority is to remain in full force and effect until written notice from me had been received by the company in such a manner as to afford reasonable time to act on it.

Date _____ Signature _____